N. B.

Village or City Gordleton (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35/ St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, MARRIED, MARRIED, MARRIED, MODING CONTROL OR DINORCED (Write the word) B DATE OF BIRTH Jan 10, 1840	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 25, 1914, to 1914,
**TAGE (Month) (Day (Year) **Tage If LESS than 1 day,hrs. ORmin. ? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 8.3.0 Gm The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Validar Louise of Secondary (Duration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country) manyland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) S. C. G.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Character City Control Con	At place In the of death yrs mos ds. State yrs mos d Where was disease contracted, If not at place of death? Former or usual residence
(Address) Solution Solution (Address) Solution (Address) Solution (Address) Solution (Address) State Regist (Address) (Addres	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 26 900., 1914. 20 UNDERTAKER ADDRESS W.T. Franklin St. Bulto Beomesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carein-



affection need not be stated unless important. valvulay heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origiu; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal perilonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report



N. B.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very should be stated EXACTLY. carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should be CAUSE OF important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.354

Village or City Devenue (No. 1)	St.; Ward) [It death occurred is a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Month) (Day (Year)	that I last saw have alive on Word 8 1914.
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 - 30 Pm. The CAUSE OF DEATH* was as follows:
CCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Jyfhoid Jever (Duratien) yrs. mos. ds.
(State or country) New York City	Contributory Secondary (Duration)
10 NAME OF FATHER JACOLF. BEASURE 11 BIRTHPLACE OF FATHER (State or country) New Jacoby 12 Maiden Name OF MOTHER OF MOTHER	(Signed) 1914. (Address) State Learner, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country), New Jerry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos, ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Stocklumbud 15 Filed 14/9/, 1914 UT O flague	19 PLACE OF BURIAL OR REMOVAL Slocklandresbytania 1/10, 1914. 20 UNDERTAKER ADDRESS
It more blanks are needed, address State Regis	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant ueoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," State cause for "Exhanstion,"



V. S. No. 1.

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. may DEATH in plain terms, so that it m See instructions on back of certificate. CAUSE OF Important. N. B.-

1 PLACE OF DEATH worcester

STATE OF MARYLAND CERTIFICATE OF DEATH 35/

Registration Dist, No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIV	16 DATE OF DEATH NOV 7, 191 % (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Pay (Year)	that I last saw h
7 AGE it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	no Physician
(b) General nature of industry, business, or establishment in which employed (or employer)	. (Duration)yrsmosds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER John Rowley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duration) yrs mos ds. (Signed) (Signe
of Mother mary Blake 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Grade Jree May 16 Flied 1/8, 1914 RELOY Switch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL MESLEY. 20 UNDERTAKER ADDRESS LO ROWN MORLIN Smolling.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

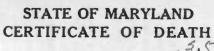
valvular heart disease; Chronic interstitial nephritis, nunt neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of "Exhanstion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



.Ward)

Registration	Dist.	No. 351

St.;

[If death occurred in a hospital or institution, give its NAME lostead ot street and number.]

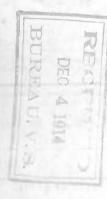
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
Month) (Day (Year)	1. that I last saw has alive on hat 18 ,1914.			
TAGE If LESS th 1 day,	The CAUSE OF DEATH+ was as follows:			
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. 4 ds.			
9 BIRTHPLACE (State or country) many land	Contributory Eulera Caliles Secondary (Doration) yrs mos 7 ds. (Signed) C O Sleph N. D.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
12 MAIDEN NAME of MOTHER of MOTHER of MOTHER (State or country) Ananyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs, mos, ds. State yrs, mos, ds			
(Interment) A. Brittinghan	Where was disease contracted, If not at place of death? Former or usual residence.			
Filed 11/21, 1918 Echoy Swith	Pettades Church Jard Date of Burial Pettades Church Jard Prv. 2 1 , 191 H 20 UNDERTAKER ADDRESS			
If more blanks are needed, address State Re	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1			

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." sensis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "Asetc. State cause for



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13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

(informant).

15

state PHYSICIANS should RECORD stated EXACTLY. PERMANENT 4 S should UNFADING INK-THIS AGE carefully supplied. WITH 90 of Information should WRITE PLAINLY, Item Every CAUSE Import

Village or City Show Like (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 351, St.; Ward) [If death occurred is a hospital or institution, give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOROR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word) S DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from 191 to 191 that I last ssw h alive on 191
TAGE If LESS than 1 day,hrs. ORmin.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmeof to which employed (or employer)	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: No physician See C from bush, do Weakling (Duration) yrs. mos. of de.
9 BIRTHPLACE (State or country) May laud 10 NAME OF FATHER PARILLE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PARILLE OF MOTHER	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT

18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	(FOR Ho	SPITALS, INS	TITUTIONS	TRANSIEN	TS.
At place		io the			
of death yrs mos Where was disease contracted.	ds.	State	yrs	mos	ds

If not at place of death?

usual residence.

THOUSEN	/	OR REA	14
20 UNDERTAKER	•	1	1

DATE OF BU

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Seuile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," For vio-



S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Important. 1 PLACE OF DEATH

11981



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SE	x rale	4 COLOR OR RAGE	5 SINGLE, Director MARRIED, WIDOWED, ORDIVORCED	18 DATE OF DEATH MM	14 ,1914 Month) (Day (Year)	
		- corse	(Write the word),		IFY, That I attended deceased from	
DA	TE OF BIRT	July o	190	2	to 14, 1914.	
		Month)	(Day (Year)	that I last saw h. allve on.	nov 14 ,194	
7 AG	Ε	The state of the s	If LESS th	and that death occurred on the	date stated above, at 11 G m.	
		11 4	1 day,h	INC CAUSE OF DEATH * Was a	s follows:	
8		11 yrs. 4	mos ds. OR min.	- Besout a Br	al with Portuetes	
(a)	CUPATION Trade, profession ticular kind of N		·		fluid fram	
	General nature				***************************************	
	less, or estat	blishment in memployer)	one.	(Duration) yrs mos 2 & ds.	
9 811	RTHPLACE			Contributory	88888	
((State or co	untry) Garden	- mad	Secondary		
	10 NAME O		coppie	106	(Ouration)yrsmosds.	
NTS	11 BIRTHP OF FAT			20 16 , 1914 (Address)	Sidleton nd	
lil .	12 MAIDEN OF MO	NAME	Destir mo	CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, in deaths from Violent Injury; and (2) whether Acciden-	
0	010	Hallie	. Towley	18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	OF MOT (State		enter md	At place of death yrs mos t	in the state yrs mos ds	
14 TI	HE ABOVE I	S TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted,		
		noraer. 1	1 m	If not at place of death?		
(1	Informant)	10 race 1	TO FINANCE	usual residence	***************************************	
	(Address).	Girdletra	2 md P	19 PLACE OF BURIAL OR REM	OVAL DATE OF BURIAL	
15	(Nau1000).	. 50		- Searsham / Cure	cle 200 16 , 1914	
Ptt	. 11/1	6 1 20	Kay Swith	20 UNDERTAKER	ADDRESS	
File	0	191.7	REGISTRAR	that this is	Son on Hick me	
7	1	If more blanks	are needed, address State P	egistrar, 6 E. Franklin St., Baito., Requ		

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mitl; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Satesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvulur heart disease; Chronic interstitiat nephritis, sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as-probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," cte.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichae-"Exhaustion," Never report For vio-



V. S. No. 1.

RECORD PERMANENT 4 THIS UNFADING INK-PLAINLY, WITH WRITE

PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. properly classifled. pinous supplied. may certificate. that on back of pe should plain See instructions information 드 DEATH ō CAUSE OF important. 8

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Il'rite the word) (Month) (Day TAGE If LESS than 1 day hrs. ORmin. ? ----- yrs......mos..... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAM 13 BIRTHPLACE OF MOTHER (State or country)

REGISTRAR

If more blanks are needed, address State Register, 6 E. Franklin St., Balto , pasting V. S. No. 1.

(Address)

15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.Ward)

[If death occurred in

a hospital or institution,

give its NAME Instead

e Mucks of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH NO. 24, 1914 (Month) (Day (Year)
17 I HEREBY CERTIFY, That i attended deceased from 191, 191, 191
and that death occurred on the date stated above, at
Dead Born
(Duration) yrs. mos. ds
Secondary (Duration) yrs mos ds
(Signed) Selection M. D.
NW7 5, 191 \$ (Address) Berbers mel
*State the Disease Causing Death. or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
19 PLE POF BURIAL OR REMOVAL POATE OF BURIAL STRUMBLE COM 24, 1914 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations daties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head oi injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitiou," "Maras geuital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," The nature of the "Exhaustiou," Never report



. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that It may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain CAUSE OF Important.

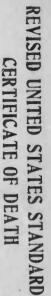
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PLACE OF DEATH	310602	
county Noveesla	11373	
Bul	· mil	

STATE OF MARYLAND CERTIFICATE OF DEATH

County True	3 ((
Village or City Berlin' (No. Mr. 2)	Registration Dist. No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male That Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Nov 2 2 , 191 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
Of 30 19/4 (Month) (Day (Year)	that I last saw h alive on N W 191.4
7 AGE if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	(Duration) yrs. mos ke ds.
9 BIRTHPLACE (State or country) Many bud	Gontributory Secondary
10 NAME OF FATHER Caril Malles - 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Boration) yrs ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Odelle Novoleu 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) OTHER ODER OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Bylin mil.	19 PLACE OF BURIAL OR REMOVAL TIMELIS HIS CHURCH YA MOT/28, 1914.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRA

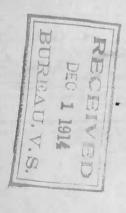


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclu-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations ou statement of "Dropsy," "Puerperal septichae-State cause for "Exhaustion," Never report



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. should UNFADING INK-THIS AGE See instructions on back of certificate. PLAINLY, WITH Every item of information CAUSE OF DEATH in pial WRITE important.

STATE OF MARYLAND CERTIFICATE OF DEATH

recount

-1-0	Registration Dist, No. 350
Village or City Williams (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, Married, WIDOWEO, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That lattended deceased from 1914, to 1914
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Curebial Contributory Contributory Contributory Contributory Contributory C
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) (Address) Kaute 4 Joeannake Cury	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURJAL OR REMOVAL DATE OF BURJAL
16 1/21 1/2/ 1/20	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mitt; (a) Satesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonueum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcusles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



RECORD

A PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

PLACE OF DEATH Measton. 11985

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist No. 353
Village or Gity Showell (No	Registration Dist, No. [It death occurred is a hospital or institution, give its NAME instead
FULL NAME Clina J.	Freman of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married wind with the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Col. 10, 1863 (Month) (Day (Year)	that I last saw h Lin alive on Nev. 12 1914
TAGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows: Tuberculosis 0 \ \text{Umge}
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) /5 yrs mos ds.
10 NAME OF STATHER STATE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Buration) yrs mos ds. (Signed) (Signe
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, It not at place of death?
(Informant) Leve J. Fleman (Address) Showell, Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL No. 14, 1914 20 UNDERTALER ADDRESS

REGISTRAR

Negistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St.:....Ward) a hospital or Institution. give its NAME instead of street and number. 7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary 10 NAME OF FATHER (Signed)..... 11 BIRTHPLAGE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIÈNTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State or country State yrs. ____ mos. Where was disease contracted. It oot at place of death? (Intermant) usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS See instructions on back of WRITE PLAINLY, WITH of Information should DEATH in plain terms CAUSE OF Important.

1 PLACE OF DEATH County Claracs ar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Non 8 1916 (Month) (Day (Year)	that I last sew h alive on 191, 191, 191
7 AGE 11 LESS than f day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	10 Wike Tostus
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE OF FATHER C (State or country) Many Cond Country 12 Malter NAME OF MOTHER 2. (State or country)	Contributory (Duration) yrs mos ds. Contributory (Duration) yrs mos ds. (Signed) / (Duration) / yrs mos ds. (Signed) / (Address) / (Add
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Beree Rey R FL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
File May & 191 4 WL Zaccoman	20 UNDERTAKER KONE ADDRESS BURN MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .Ward) a hospital or Institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty horasto (40	CERTIFICATE OF DEATH Registration Dist. No. 35/	
Vil	1age or City Snow Hell (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 s	Cale Color or RACE Single, MARRIED, Morried WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 170 HEREBY CERTIFY, That I attended deceased from	
8 D	## 4 ## ## ## ## ## ## ## ## ## ## ## ##	that I last saw h 222 allye on 200 44	
(a) pa (b)	GE If LESS than 1 day,hrs. OR. min.? CCUPATION Trade, profession, or ficular kind of work. General nature of indostry,	and that death occurred on the date stated above, at	
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PARENTS	11 BIRTHPLACE OF FATHER (State or country) Langland 12 MAIDEN NAME	(Signed) (Duration) (Signed) (Signed) (Address) (Address	
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15	(Informant) Clin Haubert (Address & addingt Station Phily 7	If not at place of death? Former or USUAL residence 19 PLACE OF BURIAL OR REMOVAL APPENDING SINGULATION 1912 20 UNDERTAKER ADDRESS	
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statement. applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Coutributory." sepsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-





RESERVED FOR BINDING MARGIN

N.B.—Every item of information should be carefully supplied. AGE should be-stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Worcester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 5 [If death occurred in
Village or City Campbell (No	St.; Ward) a hospital or institution give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word)	16 DATE OF DEATH November 18, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE Month) (Month) (Day) (Year) TAGE If LESS than 1 day,hrs. ORmin.?	that I last saw h or allye on 11/17/14 , 191 , 1
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER NO 11 BIRTHPLACE (Manual Company) 11 BIRTHPLACE (Manual Company) 12 BIRTHPLACE (Manual Company) 13 BIRTHPLACE (Manual Company) 14 BIRTHPLACE (Manual Company) 15 BIRTHPLACE (Manual Company) 16 BIRTHPLACE (Manual Company) 17 BIRTHPLACE (Manual Company) (Manual C	(Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent
(State or country) (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) Araggie, Davis (Address) Subjuille Dell Filed IM. 20, 1914 Whiteenway REGISTARE	Former or usual residence. 19 place of Burial OR REMOVAL DATE OF BURIAL Odfillar Com Stav 20, 191 4 20 UNDERTAKER ADDRESS P F Watron J. Wa. ill a
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groceru: (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the diberase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ___ The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; FOI VIO



V. S. No. 1.

should state PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT properly classified. UNFADING INK-THIS IS See Instructions on back of WRITE PLAINLY, WITH B.—Every Item CAUSE OF Important. ż

1 PLACE OF DEATH County Wordsto

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

1	Registration Dist. No.		
Village or City Snow Hell (No	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Celuto Single, Married, Morried Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)		
DATE OF BIRTH Office (Month) (Day (Year)	that I last saw h m alive on for 1 1 1914		
7 AGE 1 If LESS than 1 day, hrs. 0 mos 4 ds. 0 min.?	and that death occurred on the date stated above, at & Sally I'm The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work	(Doration) yrs. mos // d		
10 NAME OF FATHER Than & Parame	Contributory Labor cultories Secondary Lings (Duration) 2 yrs mos ((Signed) John Sylydlotte), M.		
11 BIRTHPLACE OF FATHER (State or country) manyland 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) Legany land	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS) IN the oil death yrs mos ds. State yrs mos d Where was disease contracted.		
(Informant) Pro. 910 B. Parson	If not at place of death? Former or usual residence.		
(Address) Snow Hill. B. F. 1	Benty Snow Hell Stor. 3, 1914		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as-probably which surgical operation was undertaken. For viomia," "Puerreral peritonitis," childbirth or inlscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association. eause of death approved by Committee on Nomenclainjury, as fracture of skuil, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ".Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," ctc. State cause for "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Worceston Registration Dist. No. It death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED, WIDOWED. (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ...-Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ..., 1914. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ... State yrs mos ds _ ds. Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

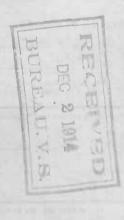


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons dutics of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But lu many "Foreman,"

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etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medicul Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The uature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debillty" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection uecd not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Can-"Coutributory." Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," (Recommendations ou statement of etc.), "Dropsy," "PUERPERAL septichae-"Exhaustlon,"



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

If death occorred in a hospital or Institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE, 4 COLOR OR RACE

MARRIED, YVO WIDOWED, (Write the word)

DATE OF BIRTH

(Month) (Day (Year) If LESS than 1 day,hrs.

BOCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of Industry. business, or establishment to

which employed (or employer)

BIRTHPLACE (State or country) 10 NAME OF

FATHER 11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

15 REGISTRAR

20 UNDERTAKER

16 DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from 191..... to that I last saw h..... alive on and that death occurred on the date stated above, at OCUR a The CAUSE OF DEATH * was as lollows: Contributory Secondary (Duration) (Signed) ... 1914 (Address)... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mes. ___ ds Where was disease contracted If not at place of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the ocenpations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmor or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never weurn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," inqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," Wharas nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uracmia," "Weakness," genital," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or modicidal, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State canse for cause. Aiways qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Сопthemia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For Vio-



N. B.

	PLACE OF DEATH 11998	STATE OF MARYLAND
Co	unty Worcester	CERTIFICATE OF DEATH
00	21 11	Registration Dist. No.
Vii	llage or City Welloune (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead ot street and number.]
	*FULL NAME ANNIE GIL	mell
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	T 1 1 1 widowed, married	16 DATE OF DEATH Of 122, 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH UNKNOWN, (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Mov. 19, 1914, to Mov. 19, 1914, to hat I last saw held alive on Mov. 19, 1914
7 A		and that death occurred on the date stated above, at 10, a,m. The CAUSE OF DEATH* was as follows:
(a pa (b bu	CCCUPATION 1) Trade, profession, or Articular kind of work	Concer of Lives (Duration) yrs. 12 mos. ds.
	(State or country) Maryland 10 NAME OF FATHER Office Allers	Contributory Secondary (Duration) yrs mos ds (Signed) John D. Duckenson M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME C 10 10	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
<u>_</u>	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
14	(informant) Star Rule to the Best of MY KNOWLEDGE (informant) Star Rule of MY KNOWLEDGE (Address) Stelloune MA	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 F		Merd form Cercilary 1/24, 1914 20 UNDERTAKER ADBRESS Herant Corrigion Kent Cleaned
7	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senfle," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "PUERPERAL septichae-Never report For vio-



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ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, so Important, PLACE OF DEATH

STATE OF MARYLAND

ADDRESS

Village or City Berlin (No. 2)	Registration Dist. No. 311 Registration Dist. No. 311 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE/OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
7 AGE Month Chay 1 LESS than 1 day,	that I last saw h
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Mc Disco (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME OF MOTHER	(Signed) *State the Disease Causing Death, or, in deaths from Violage Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Mos. ds. State yrs. mos. ds.
(Address) Berlin Wid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAS

20 UNDERTAKER

V. S. No. 1.

N. B.

15





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to cach and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

genital," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (uame origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. UNFADING INK-THIS IS Every liem of information should be carefully supplied. CAUSE OF BEATH in plain terms, so that it may be important. See instructions on back of certificate. PLAINLY, WITH

RECORD

1 PLACE OF DEATH ounty Wincester ma	11987 7867	STATE OF MA
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The Congression	STATE OF MAI	RYLAND
10	CERTIFICATE O	F DEATH
Commence of the second second second	Pedistration Dis	· No 31

Co	unty wincester md	Registration Dis	2 1
Vii	12ge or City Berlin (No. ,)	Inpant	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SI	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH hote (Month)	22 ,19114 (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That	l attended deceased from
	(Month) (Day (Year)	that I last saw hard allve on Hon.	22-,191.4
TA	GE If LESS than	and that desth occurred on the date states	above at 5 A . m
	yrs mos ds. 1 day,hrs. OR min. ?	The CAUSE OF DEATH* was as follows:	
pa (b) bus whi) Trade, profession, or ritcular kind of work.) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	Lewis J. Evens in (Duration) Contributory Secondary	nceelaller yrsmosds.
	10 NAME OF FATHER Churchs Paris	(Signed) Seen Mores 9	yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mary Parish		, in deaths from Violent
PARE	of MOTHER Thatter Purnell	*State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Mary land	At place In the of death yrs, mos ds. State .	yrs, ds
	(Informant) Jallie Mary Lay	Where was disease contracted, If not at place of death? Former or usual residence.	
/	(Address) Berlin mid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Vm. 7.3 4 110976	Berlin ma	none 23, 1914
FII	1914 WA Valley	Countertaker Corcus	Br. C bud

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defluite salary), may be entered as duties of the honschold only (not paid Housekeepers mine, etc. fication as Day laborer. Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia." "Anaemia" (mcrely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless valentar heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convalsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or interenrrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "PUERPERAL septichaeluportaut. "Exhaustion," Never report For vio-



Village or City Park Market (No. 1998) *FULL NAME ATTHEN School	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [if death occorred in a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
OLE 29 , 18.7/ (Month) (Day) (Year) 7 AGE 16 ds. ORmin.?	that I last saw h Ass. alive on NOT 7 100 ,191 and that desth occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Description: BIRTHPLACE (State or country) Morressier Co	(Duration) yrs mos ds. Contributory E Asserta
10 NAME OF SANUL & QUILLIAN 11 BIRTHPLACE OF FATHER PASMISHE CULG 12 MAIDEN NAME OF MOTHER SANDALU & CONNER	(Signed)
OF MOTHER GMANUA COMMENT 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AMUL SAMUE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted, if not at place of death? Former or
(Address) Prusmohe Cely 16 Filed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS Convice T, 6 B. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the . Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childhirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (name origin; "Candeath), 29 ds.; For VIO-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

Village or Gity Rerlin mano. 10 10 10 10 10 10 10 10 10 10 10 10 10	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) St.; Ward) [If death occurred is a hospital or institutioe, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Incle white Single, marked White Woower, ORDIVORCED (Write the word) March 15° 1823	16 DATE OF DEATH NOW 14 , 191 4 (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 4 , 191 4 .
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5,45 P, m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MARCHARLE (State or country)	(Ouratten) / yrs G mos ds. Contributory & analisis
10 NAME OF FATHER John Raynu 6 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden Name OF Mother Page Desagger	(Signed) yrs mos ds. (Signed) Yracles , M. O. *State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Hose Jorman 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) Filed Heyme	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Stale yrs, mos, ds. Where was disease contracted, If not at place of death? Former or
(Address) Buli's med	19 PLACE OF BURIAL OR REMOVAL Morely, 1814 20 UNDERTAKES APDRESS

Evans blanks are needed, address State Registrar, 6 E. Franklin St. Baito., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia; unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canwhich surgical operation was undertaken. tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



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	RECORD	PHYSICIANS S
DING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
LON C	K-THIS IS	AGE should be roperly classification
T F S F K V F	UNFADING IN	that it may be p certificate.
MARGIN RESERVED FOR BINDING	AINLY, WITH	Every item of information should be earefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	WRITE PL	USE OF DEATH PORTAL See Instru
T. B. No. 1.		CA
¥. B		Z.

Go	PLAGE OF DEATH Dunty Clear elater 12000	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 957
V	*FULL NAME Cova Shockley	St; Ward) [It death occurred in a hospitat or institution, give its RAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw her allve on 10 1914
7 A C	1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par	Trade, profession, or flouseweight ticular kind of work. General nature of industry,	Typhoid Fees
busi	ness, or establishment in the employed (or employer)	(Duration) Contributory ds.
(Si	10 NAME OF FATHER Weng & Hieghusan	(Secondary) (Duration) Jyrs mos ds. (Signed) Os. L. W. Jana Lling, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Md,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Wienwie Co. Nd,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mes ds. State yrs, mes ds.
14 _T	toformant) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE TOFORMANT STATE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
15 File	14/15 ,1914 RECOY SILLITA	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLAN Zeon M. E. Cohunda Worcestu Go. ADDRESS Geo. P. M. III
	ll more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the uiseasE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. childhirth or miscarriage, as "Puessenal scottchacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT UEATERS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations ou statement of (name origin: "Oandeath), 29 State cause for Never report Examples: For vio-



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

AGE

may be i

of information should be c DEATH in plain terms, so See instructions on back of

B.—Every Item CAUSE OF I

z

WRITE PLAINLY, WITH

certificate, carefully

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Co	unty Workson	Registration Dist, No. 357
Vil	lage or City Snow Hill (No	St.; Ward) [if death occorred in a hospital or institution, give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH A C	that I last saw h 272 alive on 177 / 3 1914
		and that death occurred on the date stated above at 12,00 am The CAUSE OF PEATH* was as follows: Acute heletation of heart
(b) bus wh	officular kind of work General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Flacthis Island West Indus	Gontributory Violent Lyerces Secondary
PARENTS	10 NAME OF FATHER B GOSNETT Smith 11 BIRTHPLACE OF FATHER (State or country) knamp(and) 12 MAIDEN NAME OF MOTHER Chipolith Hayward	(Signed) (Signe
	OF MOTHER (State or country) Purks I sland Indio THE ABOVE IS TRUE TO THE BEST OF MY KNOWEDGE (Informant) Land Shangton & B. (Address) Loshington & B.	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	11/15 of LECon Smith.	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully cuployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—It is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

genital," Bronchopneumonia (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Соша," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for



S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH Worcesler County.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist.	No. 001
Village or City Innottile Mil	St:Ward)	[If death occurre

d In

I HEREBY CERTIFY, That I attended deceased from the first tile word) I HEREBY CERTIFY, That I attended deceased from the first tile word) I HEREBY CERTIFY, That I attended deceased from the first tile word in the first tile wor	FULL NAME Grorgana S.	Wilson give its NAME Instead of street and number.]
Age (Month) (Day (Year) TAGE (Month) (Day (Year) (Itel St than 1 last saw h. M. alive on head of the date stated above, at 9 of the Cause of the date stated above, at 9 of the Cause of the Cause of the date stated above, at 9 of the Cause of the Cause of the date stated above, at 9 of the Cause o	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
TAGE (Month) (Day (Year) (Ag, hrs. (B) General nature of industry, bushiess, or establishment in which employed (or employer) BIRTHPLACE (State or country) DI BIRTHPLACE (State or country) DO FFATHER (State or country) (Signed) 10 NAME OF FATHER (State or country) DO FOROTHER (State or country) DO FOROTH	MARRIED, WIDDWED, WIDDWED, ORDIVORCED	(Month) (Day (Year)
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) BERTHPLACE (State or country) OF NAME OF FATHER (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Mother (State or country) Lamber of Mother (State or country) 12 MAIDEN NAME OF MOTHER (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Mother (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Mother (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Mother (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Mother (State or country) LOWN CLASSING DEATH, OR, In deaths from Violation of Recent Residences Alaborated (Informant) OR ALL WILLIAM (Informant) OR ALL WILLIAM (Informant) DRAW CAUSING DEATH, OR, In deaths from Violation of Recent Residences of Mother Residences In the of death yrs, mos. State yrs, mos. 18 Place of death? Former or usual residence.	TAGE TAGE	that I last saw h M alive on True 79, 1914, and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
Secondary	e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	
*State the DISEASE CAUSING DEATH, or, in deaths from Violative of Mother of	10 NAME OF FATHER MM H. Jones.	Secondary (Duration) yrs mos ds. (Signed) M. D.
(Informant) Ola- Nulson (Informant) Ola- Nulson Ola-	(State or country) worces we and 12 MAIDEN NAME OF MOTHER 13 RIPTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ola. Welson	Where was disease contracted, If not at place of death? Former or usual residence
15 Filed //30, 191 4 Sepon Swith REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed 1/30, 191 4 LEN OY Swith REGISTRAR	Ebeneser cunter Wec 2 , 181 4 ADDRESS ADDRESS ANDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at begluning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichue etc., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "luanition." "Marusgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon," Never report



PHYSICIANS shoul RECORD PERMANENT classified. 0 properly INK supplied. UNFADING may certificate. 80 of WITH back terms. plain instructions of information = DEATH See OF item mportant. ш Every

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilf death occurred in .. Ward) a hospital or institution. give Its NAME instead of sfreef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from 191 to that I last saw h..... alive on Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) Generat nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. ____ mos. State yrs. ____ mos. Where was disease contracted. If not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

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